

Appendix 12

Physician Services Requiring Prior Authorization

General Instructions

The list of procedures requiring prior authorization (PA) is subject to change and is periodically updated by Wisconsin Medicaid. Providers will be informed about the changes in a timely manner. General services requiring PA include the following:

- All covered physician services if provided out-of-state under nonemergency circumstances by a provider who does not have border-status certification with Wisconsin Medicaid.
- Surgical or other medical procedures of questionable medical necessity but deemed advisable in order to correct conditions that may reasonably be assumed to significantly interfere with a recipient's personal or social adjustment or employability.

Specific physician services that require PA are listed in this appendix. Contact a Medicaid-certified pharmacist or Provider Services at (800) 947-9627 or (608) 221-9883 for information regarding possible PA or diagnosis restrictions for a particular drug.

Special Circumstances

Audiological Testing for Hearing Instruments

A Prior Authorization Request Form Physician Otological Report (PA/POR) is required for audiological testing for specifications of a hearing instrument. A photocopy of the approved hearing instrument PA request form is sent to the recipient who presents it to the Medicaid-certified audiologist or hearing instrument specialist of his or her choice.

Dermabrasion

Prior authorization requests for dermabrasion (procedure codes 15780-15783) will not be approved if the purpose is tattoo removal.

Plagiocephaly — Occipital Plagiocephaly Cranial Banding (Infant Head Molding Bands)

Prior authorization requests for infant head molding bands (procedure code W6020) to correct congenital skull deformities in infants require photographic and medical record documentation. The procedure may be performed only on infants under 18 months of age. Wisconsin Medicaid approves PA requests submitted for only neurosurgeons and plastic surgeons.

Infertility and Impotence Services

Treatment of infertility and impotence are noncovered services under Wisconsin Medicaid. Drugs whose primary use is treatment of infertility or impotence may be approved through PA only when used for treatment of conditions other than infertility or impotence.

Gastroplasty

Gastroplasty for treatment of morbid obesity is allowed only in limited circumstances. An example is sleep apnea.

Organ Transplants

The hospital, rather than the physician, is responsible for obtaining PA for these services. Physicians should make sure all necessary approvals have been obtained by the hospital before proceeding with a transplant operation. Wisconsin Medicaid does not require PA for collection of the donor organ.

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Penile Prosthesis

Insertion or replacement of semirigid penile prosthesis (procedure codes 54400, 54416, and 54417) may be approved through PA only when the prosthesis is employed for purposes other than treatment of impotence (e.g., to support a penile catheter). Replacement of an inflatable penile prosthesis is not a covered service under Wisconsin Medicaid.

Vaginal Construction

Vaginal construction (procedure codes 57291 and 57292) may be approved through PA only when performed on a female (e.g., correction of a congenital defect). It will not be approved as part of a transsexual surgery.

Weight Alteration Services

All medical services (beyond five evaluation and management office visits per calendar year) aimed specifically at weight alteration and procedures to reverse such services require PA.

Procedure Codes Requiring Prior Authorization

The following procedure codes, when provided with the indicated type of service (TOS) require PA from Wisconsin Medicaid. The list of procedures requiring PA is subject to change and is periodically updated by Wisconsin Medicaid. Physicians will be informed about the changes in a timely manner.

| Category | Proc. Code | TOS | Description |
|---|------------|-----|--|
| Drugs Administered Other Than Oral | J0256 | 1 | Injection, alpha 1 — proteinase inhibitor — human, 10 mg |
| | J0270 | 1 | Injection, alprostadil, per 1.25 mcg |
| | J0725 | 1 | Injection, chorionic gonadotropin, per 1,000 USP units |
| | J2760 | 1 | Injection, phentolamine mesylate (Regitine), up to 5 mg |
| | J3490 | 1 | Unclassified drugs (fertility drugs require PA) |
| Injections | Q2014 | 1 | Injection, sermorelin acetate, 0.5 mg |
| Private Payer Codes | S2053 | 2 | Transplantation of small intestine and liver allografts |
| | S2054 | 2 | Transplantation of multivisceral organs |
| | S2055 | 2 | Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor |
| Integumentary System | 11950 | 2 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less |
| | 11951 | 2 | 1.1 to 5.0 cc |
| | 11952 | 2 | 5.1 to 10.0 cc |
| | 11954 | 2 | over 10.0 cc |
| | 11960 | 2 | Insertion of tissue expander(s) for other than breast, including subsequent expansion |
| | 11970 | 2 | Replacement of tissue expander with permanent prosthesis |
| | 15780 | 2 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) |
| | 15781 | 2 | segmental, face |

Appendix 12 (Continued)

| Category | Proc. Code | TOS | Description |
|-------------------------------------|------------|-----|---|
| Integumentary System (Continued) | 15782 | 2 | regional, other than face |
| | 15783 | 2 | superficial, any site |
| | 15820 | 2 | Blepharoplasty, lower eyelid; |
| | 15821 | 2 | with extensive herniated fat pad |
| | 15822 | 2 | Blepharoplasty, upper eyelid; |
| | 15823 | 2 | with excessive skin weighting down lid |
| | 15824 | 2 | Rhytidectomy, forehead |
| | 15825 | 2 | neck with platysmal tightening (platysmal flap, P-flap) |
| | 15826 | 2 | glabellar frown lines |
| | 15828 | 2 | cheek, chin, and neck |
| | 15829 | 2 | superficial musculoaponeurotic system (SMAS) flap |
| | 15831 | 2 | Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) |
| | 15832 | 2 | thigh |
| | 15833 | 2 | leg |
| | 15834 | 2 | hip |
| | 15835 | 2 | buttock |
| | 15836 | 2 | arm |
| | 15837 | 2 | forearm or hand |
| | 15838 | 2 | submental fat pad |
| | 15839 | 2 | other area |
| | 19140 | 2 | Mastectomy for gynecomastia |
| | 19316 | 2 | Mastopexy |
| | 19318 | 2 | Reduction mammoplasty |
| | 19324 | 2 | Mammoplasty, augmentation; without prosthetic implant |
| | 19325 | 2 | with prosthetic implant |
| | 19340 | 2 | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| | 19342 | 2 | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| | 19350 | 2 | Nipple/areola reconstruction |
| | 19357 | 2 | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion |
| | 19361 | 2 | Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant |
| | 19364 | 2 | Breast reconstruction with free flap |
| | 19366 | 2 | Breast reconstruction with other technique |
| | 19367 | 2 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; |
| | 19368 | 2 | with microvascular anastomosis (supercharging) |
| | 19369 | 2 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site |
| | 19380 | 2 | Revision of reconstructed breast |
| | 19396 | 2 | Preparation of moulage for custom breast implant |

Appendix 12 (Continued)

| Category | Proc. Code | TOS | Description |
|------------------------|------------|-----|---|
| Musculoskeletal System | 21010 | 2 | Arthrotomy, temporomandibular joint |
| | 21050 | 2 | Condylectomy, temporomandibular joint (separate procedure) |
| | 21060 | 2 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) |
| | 21070 | 2 | Coronoidectomy (separate procedure) |
| | 21079 | 2 | Impression and custom preparation; interim obturator prosthesis |
| | 21080 | 2 | definitive obturator prosthesis |
| | 21081 | 2 | mandibular resection prosthesis |
| | 21082 | 2 | palatal augmentation prosthesis |
| | 21083 | 2 | palatal lift prosthesis |
| | 21084 | 2 | speech aid prosthesis |
| | 21085 | 2 | oral surgical splint |
| | 21086 | 2 | auricular prosthesis |
| | 21087 | 2 | nasal prosthesis |
| | 21088 | 2 | facial prosthesis |
| | 21089 | 2 | Unlisted maxillofacial prosthetic procedure |
| | 21120 | 2 | Genioplasty; augmentation (autograft, allograft, prosthetic material) |
| | 21121 | 2 | sliding osteotomy, single piece |
| | 21122 | 2 | sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) |
| | 21123 | 2 | sliding, augmentation with interpositional bone grafts (includes obtaining autografts) |
| | 21125 | 2 | Augmentation, mandibular body or angle; prosthetic material |
| | 21127 | 2 | with bone graft, onlay or interpositional (includes obtaining autograft) |
| | 21137 | 2 | Reduction forehead; contouring only |
| | 21138 | 2 | contouring and application of prosthetic material or bone graft (includes obtaining autograft) |
| | 21139 | 2 | contouring and setback of anterior frontal sinus wall |
| | 21141 | 2 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft |
| | 21142 | 2 | two pieces, segment movement in any direction, without bone graft |
| | 21143 | 2 | three or more pieces, segment movement in any direction without bone graft |
| | 21145 | 2 | single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) |
| | 21146 | 2 | two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft) |
| | 21147 | 2 | three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) |
| | 21150 | 2 | Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome) |
| | 21151 | 2 | any direction, requiring bone grafts (includes obtaining autografts) |

Appendix 12 (Continued)

| Category | Proc. Code | TOS | Description |
|------------------------------------|------------|-----|---|
| Musculoskeletal System (Continued) | 21154 | 2 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autographs); without LeFort I |
| | 21155 | 2 | with LeFort I |
| | 21159 | 2 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autographs); without LeFort I |
| | 21160 | 2 | with LeFort I |
| | 21172 | 2 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autographs) |
| | 21175 | 2 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autographs) |
| | 21179 | 2 | with grafts (allograft or prosthetic material) |
| | 21180 | 2 | with autograft (includes obtaining grafts) |
| | 21181 | 2 | Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial |
| | 21182 | 2 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm |
| | 21183 | 2 | total area of bone grafting greater than 40 sq cm but less than 80 sq cm |
| | 21184 | 2 | total area of bone grafting greater than 80 sq cm |
| | 21188 | 2 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autographs) |
| | 21193 | 2 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft |
| | 21194 | 2 | with bone graft (includes obtaining graft) |
| | 21195 | 2 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation |
| | 21196 | 2 | with internal rigid fixation |
| | 21198 | 2 | Osteotomy, mandible, segmental |
| | 21206 | 2 | Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard) |
| | 21208 | 2 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| | 21209 | 2 | reduction |
| | 21210 | 2 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| | 21215 | 2 | mandible (includes obtaining graft) |
| | 21230 | 2 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) |
| | 21235 | 2 | ear cartilage, autogenous, to nose or ear (includes obtaining graft) |
| | 21240 | 2 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft) |
| | 21242 | 2 | Arthroplasty, temporomandibular joint, with allograft |

Appendix 12 (Continued)

| Category | Proc. Code | TOS | Description |
|------------------------------------|------------|-----|---|
| Musculoskeletal System (Continued) | 21243 | 2 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement |
| | 21244 | 2 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) |
| | 21245 | 2 | Reconstruction of mandible or maxilla, subperiosteal implant; partial |
| | 21246 | 2 | complete |
| | 21247 | 2 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia) |
| | 21248 | 2 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial |
| | 21249 | 2 | complete |
| | 21255 | 2 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) |
| | 21256 | 2 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia) |
| | 21260 | 2 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach |
| | 21261 | 2 | combined intra- and extracranial approach |
| | 21263 | 2 | with forehead advancement |
| | 21267 | 2 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach |
| | 21268 | 2 | combined intra- and extracranial approach |
| | 21270 | 2 | Malar augmentation, prosthetic material |
| | 21275 | 2 | Secondary revision of orbitocraniofacial reconstruction |
| | 21280 | 2 | Medial canthopexy (separate procedure) |
| | 21282 | 2 | Lateral canthopexy |
| | 21295 | 2 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach |
| | 21296 | 2 | intraoral approach |
| | 21299 | 2 | Unlisted craniofacial and maxillofacial procedure |
| | 21740 | 2 | Reconstructive repair of pectus excavatum or carinatum |
| | W6020 | 2 | Plagiocephaly — Occipital Plagiocephaly Cranial Banding (Infant Head Molding Bands) |
| Respiratory System | 30120 | 2 | Excision or surgical planing of skin of nose for rhinophyma |
| | 30400 | 2 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| | 30410 | 2 | complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| | 30420 | 2 | including major septal repair |
| | 30430 | 2 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| | 30435 | 2 | intermediate revision (bony work with osteotomies) |
| | 30450 | 2 | major revision (nasal tip work and osteotomies) |
| | 32851 | 2 | Lung transplant, single; without cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician) |

Appendix 12 (Continued)

| Category | Proc. Code | TOS | Description |
|-----------------------------------|------------|-----|--|
| Respiratory System (Continued) | 32852 | 2 | with cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician) |
| | 32853 | 2 | Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician) |
| | 32854 | 2 | with cardiopulmonary bypass (hospital obtains PA, <i>not</i> physician) |
| Cardiovascular System | 33935 | 2 | Heart-lung transplant with recipient cardiectomy-pneumonectomy(hospital obtains PA, <i>not</i> physician) |
| | 33945 | 2 | Heart transplant, with or without recipient cardiectomy (hospital obtains PA, <i>not</i> physician) |
| | 36520 | 2 | Therapeutic apheresis; plasma and/or cell exchange |
| | 37650 | 2 | Ligation of femoral vein |
| Hemic and Lymphatic System | 38240 | 2 | Bone marrow or blood-derived peripheral stem cell transplantation; allogenic (hospital obtains PA, <i>not</i> physician) |
| | 38241 | 2 | autologous (hospital obtains PA, <i>not</i> physician) |
| Digestive System | 42145 | 2 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) |
| | 42950 | 2 | Pharyngoplasty (plastic or reconstructive operation on pharynx) |
| | 43842 | 2 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty |
| | 43843 | 2 | other than vertical-banded gastroplasty |
| | 43846 | 2 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy |
| | 43847 | 2 | with small intestine reconstruction to limit absorption |
| | 43848 | 2 | Revision of gastric restrictive procedure for morbid obesity (separate procedure) |
| | 44135 | 2 | Intestinal allotransplantation; from cadaver donor |
| | 44136 | 2 | from living donor |
| | 47135 | 2 | Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age (hospital obtains PA, <i>not</i> physician) |
| | 47136 | 2 | heterotopic, partial or whole, from cadaver or living donor, any age (hospital obtains PA, <i>not</i> physician) |
| | 47399 | 2 | Unlisted procedure, liver (PA required only for liver-small intestine transplant) |
| | 48160 | 2 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic cells (hospital obtains PA, <i>not</i> physician) |
| | 48554 | 2 | Transplantation of pancreatic allograft (hospital obtains PA, <i>not</i> physician) |
| Male Genital System | 54400 | 2 | Insertion of penile prosthesis; non-inflatable (semi-rigid) |
| | 54416 | 2 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session |
| | 54417 | 2 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |

Appendix 12 (Continued)

| Category | Proc. Code | TOS | Description |
|---------------------------------------|------------|-----|---|
| Female Genital System | 57291 | 2 | Construction of artificial vagina; without graft |
| | 57292 | 2 | with graft |
| | 58400 | 2 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) |
| | 58410 | 2 | with presacral sympathectomy |
| Nervous System | 61490 | 2 | Craniotomy for lobotomy, including cingulotomy |
| | 61885 | 2 | Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array |
| | 64573 | 2 | Incision for implantation of neurostimulator electrodes; cranial nerve |
| Eye and Ocular Adnexa | 67900 | 2 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| | 67901 | 2 | Repair of blepharoptosis; frontalis muscle technique with suture or other material |
| | 67902 | 2 | frontalis muscle technique with fascial sling (includes obtaining fascia) |
| | 67903 | 2 | (tarso) levator resection or advancement, internal approach |
| | 67904 | 2 | (tarso) levator resection or advancement, external approach |
| | 67906 | 2 | superior rectus technique with fascial sling (includes obtaining fascia) |
| | 67908 | 2 | conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) |
| | 67909 | 2 | Reduction of overcorrection of ptosis |
| Auditory System | 69714 | 2 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| | 69715 | 2 | with mastoidectomy |
| | 69717 | 2 | Replacement (including removal of existing device), osseointegrated implant, |
| | 69718 | 2 | temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy with mastoidectomy |
| | 69930 | 2 | Cochlear device implantation, with or without mastoidectomy |
| Special Otorhinolaryngologic Services | 92510 | 1 | Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming |
| | 92599 | 1 | Unlisted otorhinolaryngological service or procedure |